

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

November 25, 2003

TO: HOSPITAL ADMINISTRATORS
EMERGENCY DEPARTMENTS
INFECTION CONTROL PRACTITIONERS

SUBJECT: IMPENDING INFLUENZA OUTBREAKS

This letter is being issued to general acute care hospitals to warn of impending influenza outbreaks likely to impact your communities. Influenza activity has been rapidly increasing unusually early this year, with outbreaks currently reported in Texas and Colorado. In California, we are aware of increased influenza activity in the Central Valley, both north and south. Children are apparently particularly affected, with pediatric facilities reporting increased activity and schools reporting high absenteeism.

Most of the influenza strains detected in the U.S. have been Influenza A (H3N2) Fujian, which represents a slight mutation from the H3N2 Panama strain present in the current influenza vaccine. The vaccine is expected to provide some cross protection against the new strain, thereby decreasing the severity of illness if not preventing infection.

In the winter of 1997-98 similar mutation occurred, resulting in a statewide epidemic. This epidemic caused severe stress on the healthcare system, due in part to the nursing shortage (which is ongoing), decreased in-hospital capacity, particularly for intensive care, and over-utilization of emergency departments. The peak activity occurred at the beginning of the winter holiday season, which further contributed to personnel shortages. A report of an investigation of the impact of this epidemic on medical care capacity was published and is available at <http://www.cdc.gov/ncidod/EID/vol8no6/01-0370.htm>.

We urge all acute care hospitals to take measures that can lessen the impact of a local influenza outbreak on your facility. Some suggestions, based in part on recommendations of the Healthcare Association of Southern California following the 1997-98 epidemic, include:

- Institution of a respiratory hygiene program (see below), most importantly asking that all patients with respiratory symptoms wear surgical masks and physically segregating them from other patients to the extent possible.
- Urging that all healthcare workers receive influenza vaccination.
- Ordering more influenza vaccine if necessary and urging physicians to vaccinate high risk patients (e.g., a hospital-based program for inpatients).

- Establishing walk-in influenza clinics to triage and treat patients.
- Considering visitor restrictions as respiratory illnesses increase in the community.
- Reviewing vacation requests for the winter holidays to ensure adequate staffing in the event of an outbreak occurring over this period, and considering methods to identify and mobilize additional staff.
- If program flexibility is needed to address a community-wide outbreak, applying for such flexibility to the appropriate Licensing and Certification District Office.
- Reviewing inventories of supplies and equipment, such as ventilators, which might be in short supply during an outbreak.
- Consider postponing elective surgery if hospital capacity is exceeded.
- As diversion occurs due to increased census, emergency departments should work closely in coordination with their local emergency medical services agency.

Components of a respiratory hygiene program include:

- Placing a box of surgical masks as close to the entry as possible.
- Providing masks to all patients with symptoms of a respiratory illness with instructions on their proper use and disposal.
- For patients who cannot wear a surgical mask, providing tissues with instructions to cover the nose and mouth when coughing or sneezing.
- Providing, if possible, a small paper or plastic bag for mask and tissue disposal.
- Providing a readily accessible waterless hand hygiene product and instructing patients to decontaminate their hands after dealing with respiratory secretions and before their contact with a healthcare worker.
- Separating patients with respiratory illness from other patients by either placing them into a cubicle, examination room or some physical separation by at least 3 feet.

Following the influenza epidemic of 1997-98, the California Department of Health Services, Division of Communicable Disease Control, instituted statewide influenza surveillance in order to detect increases in influenza activity and provide advance warning of possible outbreaks. Up-to-date summaries of influenza activity are available on our website at <http://www.dhs.ca.gov/ps/dcdc/VRDL/html/FLU/Fluintro.htm>. This program is in need of primary care providers (physicians, nurse practitioners, and physician assistants) to be sentinel physicians (reporting visits for influenza-like illness). Please help us in this effort by recruiting providers in your area. For information, contact Michele Cheung, MD at 510-307-8610 or mccheung@dhs.ca.gov.

Sincerely,

Original signed by